

# PERSONAL FINANCIAL STATEMENT

FORM PFS  
COVER SHEET  
PAGE 1

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2019, covering calendar year ending December 31, 2018.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #  
19

ACCOUNT #  
00036483

|                               |   |   |        |
|-------------------------------|---|---|--------|
| 1 NAME                        | TITLE; FIRST; MI<br>The Honorable Phillip S.  | <b>OFFICE USE ONLY</b><br>Date Received<br>ELECTRONICALLY FILED<br>06/28/2019 |        |
|                               | NICKNAME; LAST; SUFFIX<br>Phil King   |   |        |
| 2 ADDRESS                     | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP<br>[REDACTED]   | Receipt #   |        |
|                               | [REDACTED]  | HD / PM   | Amount |
|                               | <input checked="" type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)                                     | Date Processed  |        |
|                               |   | Date Imaged   |        |
| 3 TELEPHONE NUMBER            | AREA CODE PHONE NUMBER; EXTENSION<br>[REDACTED]   |   |        |
| 4 REASON FOR FILING STATEMENT | <input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE)  |   |        |
|                               | <input checked="" type="checkbox"/> ELECTED OFFICER State Representative, District 61 (INDICATE OFFICE) |   |        |
|                               | <input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY)                                      |   |        |
|                               | <input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY)   |   |        |
|                               | <input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT                                  |   |        |
|                               | <input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY)                                       |   |        |
|                               | <input type="checkbox"/> OTHER _____ (INDICATE POSITION)  |   |        |

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Mrs. Terry King

DEPENDENT CHILD 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

# SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |  |                                 |  |
|---|--|---------------------------------|--|
| 1 INFORMATION RELATES TO  | <input checked="" type="checkbox"/> FILER  | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 EMPLOYMENT<br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check if Filer's Home Address)<br>EMPLOYER<br>Eggleston King, LLP<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>102 Houston Avenue, Ste. 300<br>Weatherford, TX 76086<br>POSITION HELD<br>Partner, Attorney |                                 |  |
| <input type="checkbox"/> SELF-EMPLOYED                                  | NATURE OF OCCUPATION   |                                 |  |

|   |  |                                 |  |
|---|--|---------------------------------|--|
| INFORMATION RELATES TO  | <input checked="" type="checkbox"/> FILER  | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| EMPLOYMENT<br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check if Filer's Home Address)<br>EMPLOYER<br>State of Texas - House of Representatives<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>105 West 15th Street<br>Austin, TX 78701<br>POSITION HELD<br>State Representative |                                 |  |
| <input type="checkbox"/> SELF-EMPLOYED                                | NATURE OF OCCUPATION   |                                 |  |

|   |  |                                 |  |
|---|--|---------------------------------|--|
| INFORMATION RELATES TO  | <input checked="" type="checkbox"/> FILER  | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| EMPLOYMENT<br><input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD<br><input type="checkbox"/> (Check if Filer's Home Address)<br>EMPLOYER<br>State of Texas - Texas State Guard<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>2200 W. 35th Street<br>Austin, TX 78763<br>POSITION HELD<br>Colonel, Texas State Guard |                                 |  |
| <input type="checkbox"/> SELF-EMPLOYED                                | NATURE OF OCCUPATION   |                                 |  |

# SOURCES OF OCCUPATIONAL INCOME

PART 1A

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When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |  |                                 |  |
|---|--|---------------------------------|--|
| 1 INFORMATION RELATES TO                                | <input checked="" type="checkbox"/> FILER  | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 EMPLOYMENT  | NAME AND ADDRESS OF EMPLOYER / POSITION HELD   |                                 |  |
| <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | <input checked="" type="checkbox"/> (Check if Filer's Home Address)<br>EMPLOYER<br>2010 Texas Equity Partners, LLC<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>[REDACTED]<br>[REDACTED]<br>POSITION HELD<br>Managing Member |                                 |  |
| <input type="checkbox"/> SELF-EMPLOYED                  | NATURE OF OCCUPATION   |                                 |  |

# STOCK

## PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |   |  |  |  |
|---|---|--|--|--|
| 1 BUSINESS ENTITY   | NAME<br>Raymond James & Associates (IRA Brokerage Account)                                  |  |  |  |
| 2 STOCK HELD OR ACQUIRED BY   | <input checked="" type="checkbox"/> FILER   | <input checked="" type="checkbox"/> SPOUSE                                     | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| 3 NUMBER OF SHARES  | <input type="checkbox"/> LESS THAN 100<br><input checked="" type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499<br><input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
| 4 IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000  | <input type="checkbox"/> \$5,000 - \$9,999                                     | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |

|   |   |  |  |  |
|---|---|--|--|--|
| BUSINESS ENTITY   | NAME<br>First Clearing Corporation (IRA Brokerage Account)                                  |  |  |  |
| STOCK HELD OR ACQUIRED BY   | <input checked="" type="checkbox"/> FILER   | <input checked="" type="checkbox"/> SPOUSE                                     | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| NUMBER OF SHARES  | <input type="checkbox"/> LESS THAN 100<br><input checked="" type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499<br><input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000  | <input type="checkbox"/> \$5,000 - \$9,999                                     | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |

|   |   |  |  |  |
|---|---|--|--|--|
| BUSINESS ENTITY   | NAME<br>Hartford Funds (IRA Brokerage Account)  |  |  |  |
| STOCK HELD OR ACQUIRED BY   | <input checked="" type="checkbox"/> FILER   | <input checked="" type="checkbox"/> SPOUSE                                     | <input type="checkbox"/> DEPENDENT CHILD _____ |  |
| NUMBER OF SHARES  | <input type="checkbox"/> LESS THAN 100<br><input checked="" type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499<br><input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999            | <input type="checkbox"/> 1,000 TO 4,999    |
| IF SOLD<br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000  | <input type="checkbox"/> \$5,000 - \$9,999                                     | <input type="checkbox"/> \$10,000 - \$24,999   | <input type="checkbox"/> \$25,000--OR MORE |

# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |  |
|---|--|
| 1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | CitiBank   |
| 2 LIABILITY OF  | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| 3 GUARANTOR   | NONE   |
| 4 AMOUNT  | <input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT   | GRT Villas Limited Partnership   |
| LIABILITY OF  | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| GUARANTOR   | NONE   |
| AMOUNT  | <input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT   | Sallie Mae   |
| LIABILITY OF  | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____   |
| GUARANTOR   | NONE   |
| AMOUNT  | <input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT   | Ford Credit Company  |
| LIABILITY OF  | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| GUARANTOR   | NONE   |
| AMOUNT  | <input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |  |
|---|--|
| 1 PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT | Kubota Credit Corporation  |
| 2 LIABILITY OF  | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____   |
| 3 GUARANTOR   | NONE   |
| 4 AMOUNT  | <input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

|   |  |
|---|--|
| PERSON OR INSTITUTION<br>HOLDING NOTE OR<br>LEASE AGREEMENT | First Financial Bank   |
| LIABILITY OF  | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____   |
| GUARANTOR   | NONE   |
| AMOUNT  | <input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |

# INTERESTS IN REAL PROPERTY

## PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|  |   |
|--|---|
| <b>1</b> HELD OR ACQUIRED BY   | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____   |
| <b>2</b> STREET ADDRESS<br><br><input type="checkbox"/> NOT AVAILABLE<br><input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE<br><br>[REDACTED]<br><br>[REDACTED]   |
| <b>3</b> DESCRIPTION<br><br><input type="checkbox"/> LOTS<br><input checked="" type="checkbox"/> ACRES                                     | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED<br><br>2.58000 acres<br>Parker   |
| <b>4</b> NAMES OF PERSONS RETAINING AN INTEREST<br><br><input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)       |   |
| <b>5</b> IF SOLD<br><br><input type="checkbox"/> NET GAIN<br><input type="checkbox"/> NET LOSS   | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

# INTEREST IN BUSINESS ENTITIES

## PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|  |   |
|--|---|
| <b>1</b> HELD OR ACQUIRED BY   | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| <b>2</b> DESCRIPTION   | NAME AND ADDRESS<br><input checked="" type="checkbox"/> (Check if Filer's Home Address)<br>King Investments, Ltd.<br>[REDACTED]<br>[REDACTED]                                 |
| <b>3</b> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY  | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| DESCRIPTION  | NAME AND ADDRESS<br><input type="checkbox"/> (Check if Filer's Home Address)<br>Eggleston King, LLP<br>102 Houston Ave., Ste. 300<br><br>Weatherford, TX 76086                |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS          | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY  | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| DESCRIPTION  | NAME AND ADDRESS<br><input checked="" type="checkbox"/> (Check if Filer's Home Address)<br>2010 Texas Equity Partners, LLC<br>[REDACTED]<br>[REDACTED]                        |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS          | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |
| HELD OR ACQUIRED BY  | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| DESCRIPTION  | NAME AND ADDRESS<br><input type="checkbox"/> (Check if Filer's Home Address)<br>Etsah Holdings, LLC<br>102 Houston Ave., Ste. 300<br><br>Weatherford, TX 76086                |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS          | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |



# INTEREST IN BUSINESS ENTITIES

## PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |   |
|---|---|
| 1 HELD OR ACQUIRED BY   | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| 2 DESCRIPTION   | <div>NAME AND ADDRESS</div> <div><input type="checkbox"/> (Check if Filer's Home Address)</div> <div>Star E Partners, LLC</div> <div>102 Houston Ave., Suite 300</div> <div>Weatherford, TX 76086</div> |
| 3 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE                           |

|   |  |
|---|--|
| HELD OR ACQUIRED BY   | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____   |
| DESCRIPTION   | <div>NAME AND ADDRESS</div> <div><input type="checkbox"/> (Check if Filer's Home Address)</div> <div>2008 EFK, LLC</div> <div>102 Houston Ave., Suite 300</div> <div>Weatherford, TX 76086</div> |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE                    |

# TRUST INCOME

## PART 9

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received more than \$500 in income, if the identity of the asset is known. For more information, see FORM PFS--INSTRUCTION GUIDE

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|   |  |
|---|--|
| 1 SOURCE  | NAME OF TRUST<br>King Family Trust No. 4   |
| 2 BENEFICIARY   | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____  |
| 3 INCOME  | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |
| 4 ASSETS FROM WHICH OVER \$500 WAS RECEIVED<br><input type="checkbox"/> UNKNOWN | Cash Distribution  |

# OWNERSHIP OF BUSINESS ASSOCIATIONS

## PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|                              |  |   |  |
|------------------------------|--|---|--|
| 1 BUSINESS ASSOCIATION       | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)<br>2008 EFK, LLC<br>102 Houston Ave., Ste. 300<br><br>Weatherford, TX 76086 |   |  |
| 2 BUSINESS TYPE              | <input checked="" type="checkbox"/> Corporation<br><input type="checkbox"/> Firm<br><input type="checkbox"/> Partnership                                 | <input type="checkbox"/> Limited Partnership<br><input type="checkbox"/> Limited Liability Partnership<br><input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Profesional Association<br><input type="checkbox"/> Joint Venture<br><input type="checkbox"/> Other _____ |
| 3 HELD, ACQUIRED, OR SOLD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                 |   |  |

|                              |  |   |  |
|------------------------------|--|---|--|
| 1 BUSINESS ASSOCIATION       | NAME AND ADDRESS<br><input checked="" type="checkbox"/> (Check If Filer's Home Address)<br>2010 Texas Equity Partners, LLC<br>[REDACTED]<br>[REDACTED] |   |  |
| 2 BUSINESS TYPE              | <input checked="" type="checkbox"/> Corporation<br><input type="checkbox"/> Firm<br><input type="checkbox"/> Partnership                               | <input type="checkbox"/> Limited Partnership<br><input type="checkbox"/> Limited Liability Partnership<br><input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Profesional Association<br><input type="checkbox"/> Joint Venture<br><input type="checkbox"/> Other _____ |
| 3 HELD, ACQUIRED, OR SOLD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                               |   |  |

|                              |  |  |  |
|------------------------------|--|--|--|
| 1 BUSINESS ASSOCIATION       | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)<br>Eggleston King, LLP<br>102 Houston Ave., Ste. 300<br><br>Weatherford, TX 76086 |  |  |
| 2 BUSINESS TYPE              | <input type="checkbox"/> Corporation<br><input type="checkbox"/> Firm<br><input type="checkbox"/> Partnership  | <input type="checkbox"/> Limited Partnership<br><input checked="" type="checkbox"/> Limited Liability Partnership<br><input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Profesional Association<br><input type="checkbox"/> Joint Venture<br><input type="checkbox"/> Other _____ |
| 3 HELD, ACQUIRED, OR SOLD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                       |  |  |

# OWNERSHIP OF BUSINESS ASSOCIATIONS

## PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|                              |  |  |  |
|------------------------------|--|--|--|
| 1 BUSINESS ASSOCIATION       | NAME AND ADDRESS<br><input checked="" type="checkbox"/> (Check If Filer's Home Address)<br>King Investements, Ltd.<br>[REDACTED]<br>[REDACTED] |  |  |
| 2 BUSINESS TYPE              | <input type="checkbox"/> Corporation<br><input type="checkbox"/> Firm<br><input type="checkbox"/> Partnership                                  | <input checked="" type="checkbox"/> Limited Partnership<br><input type="checkbox"/> Limited Liability Partnership<br><input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Profesional Association<br><input type="checkbox"/> Joint Venture<br><input type="checkbox"/> Other _____ |
| 3 HELD, ACQUIRED, OR SOLD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                       |  |  |

  

|                              |  |   |  |
|------------------------------|--|---|--|
| 1 BUSINESS ASSOCIATION       | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)<br>Etsah Holdings, LLC<br>102 Houston Ave., Ste. 300<br><br>Weatherford, TX 76086 |   |  |
| 2 BUSINESS TYPE              | <input checked="" type="checkbox"/> Corporation<br><input type="checkbox"/> Firm<br><input type="checkbox"/> Partnership                                       | <input type="checkbox"/> Limited Partnership<br><input type="checkbox"/> Limited Liability Partnership<br><input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Profesional Association<br><input type="checkbox"/> Joint Venture<br><input type="checkbox"/> Other _____ |
| 3 HELD, ACQUIRED, OR SOLD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                                       |   |  |

  

|                              |  |   |  |
|------------------------------|--|---|--|
| 1 BUSINESS ASSOCIATION       | NAME AND ADDRESS<br><input type="checkbox"/> (Check If Filer's Home Address)<br>Star E Partners, LLC<br>102 Houston Ave., Suite 300<br><br>Weatherford, TX 76086 |   |  |
| 2 BUSINESS TYPE              | <input checked="" type="checkbox"/> Corporation<br><input type="checkbox"/> Firm<br><input type="checkbox"/> Partnership   | <input type="checkbox"/> Limited Partnership<br><input type="checkbox"/> Limited Liability Partnership<br><input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Profesional Association<br><input type="checkbox"/> Joint Venture<br><input type="checkbox"/> Other _____ |
| 3 HELD, ACQUIRED, OR SOLD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____   |   |  |

# ASSETS OF BUSINESS ASSOCIATIONS

## PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|                              |  |  |
|------------------------------|--|--|
| 1 BUSINESS ASSOCIATION       | NAME AND ADDRESS<br><input checked="" type="checkbox"/> (Check If Filer's Home Address)<br>2010 Texas Equity Partners, LLC<br>[REDACTED]<br>[REDACTED] |  |
| 2 BUSINESS TYPE              | Corporation  |  |
| 3 HELD, ACQUIRED, OR SOLD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                               |  |
| 4 ASSETS                     | DESCRIPTION<br>Cash and general business equipment   | CATEGORY<br><input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999<br><input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000 OR MORE |

# LIABILITIES OF BUSINESS ASSOCIATIONS

## PART 11C

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|                                     |  |   |
|-------------------------------------|--|---|
| <b>1</b> BUSINESS ASSOCIATION       | NAME AND ADDRESS<br><input checked="" type="checkbox"/> (Check If Filer's Home Address)<br>2010 Texas Equity Partners, LLC<br>[REDACTED]<br>[REDACTED] |   |
| <b>2</b> BUSINESS TYPE              | Corporation  |   |
| <b>3</b> HELD, ACQUIRED, OR SOLD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____                               |   |
| <b>4</b> LIABILITIES                | DESCRIPTION<br>General office overhead   | CATEGORY<br><input checked="" type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999<br><input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

# BOARDS AND EXECUTIVE POSITIONS

## PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|                    |  |
|--------------------|--|
| 1 ORGANIZATION     | Texas Conservative Coalition   |
| 2 POSITION HELD    | Board Member   |
| 3 POSITION HELD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION       | Texas Conservative Coalition Research Institute  |
| POSITION HELD      | Board Member   |
| POSITION HELD BY   | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION       | Grace House Ministries   |
| POSITION HELD      | Advisory Board Member  |
| POSITION HELD BY   | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION       | Weatherford College Foundation   |
| POSITION HELD      | Board Member   |
| POSITION HELD BY   | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION       | 2008 EFK, LLC  |
| POSITION HELD      | Member   |
| POSITION HELD BY   | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION       | 2010 Texas Equity Partners, LLC  |
| POSITION HELD      | Managing Member  |
| POSITION HELD BY   | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |

# BOARDS AND EXECUTIVE POSITIONS

## PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

|                    |  |
|--------------------|--|
| 1 ORGANIZATION     | American Legislative Exchange Council  |
| 2 POSITION HELD    | Board Member   |
| 3 POSITION HELD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION       | Eggleston King, LLP  |
| POSITION HELD      | Partner  |
| POSITION HELD BY   | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION       | King Investments, Ltd.   |
| POSITION HELD      | Co-General Partner and Limited Partner   |
| POSITION HELD BY   | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION       | Jeffersonian Project   |
| POSITION HELD      | Board Member   |
| POSITION HELD BY   | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| ORGANIZATION       | Etsah Holdings, LLC  |
| POSITION HELD      | Member   |
| POSITION HELD BY   | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |



# EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 13

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS--INSTRUCTION GUIDE.

|            |   |
|------------|---|
| 1 PROVIDER | NAME AND ADDRESS<br>American Legislative Exchange Council<br>2900 Crystal Drive, 6th Floor<br><br>Arlington, VA 20002 |
| 2 AMOUNT   | \$13,879.05   |

|          |  |
|----------|--|
| PROVIDER | NAME AND ADDRESS<br>Nacogdoches County Chamber of Commerce<br>2516 North Street<br><br>Nacogdoches, TX 75965 |
| AMOUNT   | \$105.09   |

|          |  |
|----------|--|
| PROVIDER | NAME AND ADDRESS<br>Stand With Us<br>PO Box 341069<br><br>Los Angeles, CA 90034-9069 |
| AMOUNT   | \$377.18   |

# PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS  
COVER SHEET  
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

## 6 PARTS NOT APPLICABLE TO FILER

- ☐ N/A Part 1A - Sources of Occupational Income
- ☒ N/A Part 1B - Retainers
- ☐ N/A Part 2 - Stock
- ☒ N/A Part 3 - Bonds, Notes & Other Commercial Paper
- ☒ N/A Part 4 - Mutual Funds
- ☒ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- ☐ N/A Part 6 - Personal Notes and Lease Agreements
- ☐ N/A Part 7A - Interests in Real Property
- ☐ N/A Part 7B - Interests in Business Entities
- ☒ N/A Part 8 - Gifts
- ☐ N/A Part 9 - Trust Income
- ☒ N/A Part 10A - Blind Trusts
- ☒ N/A Part 10B - Trustee Statement
- ☐ N/A Part 11A - Business Associations
- ☐ N/A Part 11B - Assets of Business Associations
- ☐ N/A Part 11C - Liabilities of Business Associations
- ☐ N/A Part 12 - Boards and Executive Positions
- ☐ N/A Part 13 - Expenses Accepted Under Honorarium Exception
- ☒ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☒ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☒ N/A Part 16 - Representation by Legislator Before State Agency
- ☒ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☒ N/A Part 18 - Legislative Continuances
- ☒ N/A Part 19 - Contracts with Governmental Entity
- ☒ N/A Part 20 - Bond Counsel Services Provided by a Legislator

# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018 , and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Phillip S. King

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath